State of Minnesota		<b>District Court</b>
County	Judicial District:	
	Court File Number:	
	Case Type:	Housing
Plaintiff	Affidavit of Service By Mail	
vs.		·
Defendant		
Hearing Date:		
Time:		
I,(Name of person who mailed documents)	, being sworn/affirmed upon	oath state that on
	ed a Summons and Complaint in a	
(Name of person(s) to whom documents were mailed)	by placing a true and correct c	opy of the documents
in an envelope addressed to the person(s)	at his/her last known address of	
-		(Street address of person to whom
in the City of	, State of	f Minnesota, and whose Zip
Code is, and depos		
Post Office located in the City of	, State of Minne	sota.
Dated:		
	Signature (Sign only in front of notary pu	blic or court administrator.)
	Name:	
Sworn/affirmed before me this	Address:	
day of	City/State/Zip:	
Notary Public \ Deputy Court Administrator	Telephone: ( )	
1.0m., 1 done (Deputy Court Minimistrator		